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TO: INFECTION CONTROL PRACTITIONERS
HOSPITAL ADMINISTRATORS
INFECTIOUS DISEASE DEPARTMENTS
PULMONARY DEPARTMENTS

SUBJECT: RECOMMENDATIONS BASED ON NEW SARS CASES IN CHINA

In April 2004, the Chinese Ministry of Health reported several new cases of possible SARS in Beijing and in Anhui Province, which is located in east-central China. As of April 26, the Ministry of Health had reported eight possible SARS cases: six in Beijing and two in Anhui Province. One of the patients in Anhui Province died. Nearly 1000 contacts of these patients with possible SARS are under medical observation, including 640 in Beijing and 353 in Anhui. In addition, health authorities have reported that two doctors who treated one of the patients during her hospitalization in Anhui have developed fever. A person in close contact with one of the doctors has also developed fever.

To date, all diagnosed cases and cases under investigation have been linked to chains of transmission involving close personal contact with an identified case. There is no evidence of wider transmission in the community. For additional information on the SARS situation in China, see <http://www.who.int/csr/sars/en/>. CDC is monitoring this evolving situation in China and will provide additional information at <http://www.cdc.gov/ncidod/sars/index.htm> as it becomes available.

In light of this report, we recommend that physicians and infection control practitioners maintain a greater index of suspicion for SARS in patients who

- 1) require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) AND**
- 2) who have a history of travel to mainland China (or close contact with an ill person with a history of recent travel to mainland China) in the 10 days before onset of symptoms.**

When such patients are identified, they should be considered at high risk for SARS-CoV infection and the following actions should be taken:

- Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions along with eye protection).
- Patients should promptly be reported to the local health department.
- Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation (hospitals should consult with the local health department, which should consult with the California Department of Health Services Viral and Rickettsial Disease Laboratory).
- The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

Health care providers are reminded to obtain a travel history for patients presenting with acute respiratory illness. In addition, these new cases of possible SARS provides a reminder to all healthcare settings, especially physician offices, outpatient clinics, and emergency departments, of the importance of implementing infection control precautions at the point of first contact with patients who have symptoms of a respiratory infection. These include respiratory hygiene/cough etiquette, hand hygiene, and droplet precautions (i.e., masks for close patient contact).

As described in the SARS Surveillance and Response Planning Guide for California Health Care Facilities (at <http://www.dhs.ca.gov/ps/dcdc/disb/sars.htm>) we continue to recommend that health care providers and public health officials consider SARS in the differential diagnosis of patients who have required hospitalization for radiographically confirmed pneumonia or ARDS and had no identifiable etiology after 72 hours of hospitalization AND who had one of the following risk factors in the 10 days before the onset of illness:

- Travel to Hong Kong or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
- Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., healthcare worker with direct patient contact), OR
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis (infection control practitioners and other health care professionals should be alert to pneumonia clusters among health care workers in the same facility).

If you have questions about these latest SARS surveillance recommendations, please contact Jon Rosenberg at jrosenbe@dhs.ca.gov or (510) 540-2566.